County: Jefferson Facility ID: 1601 Page 1

BETHESDA CLARA WERNER 700 HOFFMANN DRIVE

WATERTOWN 53094 Phone: (920) 261-3050 Ownershi p: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 40 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): **40** Average Daily Census: 38 Number of Residents on 12/31/00: 39

\*

	Age, Sex, and Primary Diagn	osis of	Residents (12/3)	l/ <b>00)</b>	Length of Stay (12/31/00)	%		
No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	7. 7		
No					1 - 4 Years	7. 7		
No	Developmental Disabilities	100.0	Under 65	97. 4	More Than 4 Years	84. 6		
No	Mental Illness (Org./Psy)	0.0	65 - 74	2.6				
No	Mental Illness (Other)	0.0	75 - 84	0.0		100. 0		
No   Alcohol & Other Drug Abuse		0.0	85 - 94 0.0		*******************			
No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	t		
ngregate Meals No   C		Cancer 0.0			Nursing Staff per 100 Residents			
No	Fractures	0.0		100.0	(12/31/00)			
No	Cardi ovascul ar	0.0	65 & 0ver	2. 6				
No	Cerebrovascul ar	0.0			RNs	7. 6		
No	Diabetes	0.0	Sex	%	LPNs	5. 6		
Yes	Respi ratory	0.0			Nursing Assistants			
	Other Medical Conditions	0.0	Male	53.8	Aides & Orderlies	45. 0		
No			Female	46. 2				
		100.0						
Yes				100. 0				
	No No No No No No No No No No No No	No   Primary Diagnosis No   No   Developmental Disabilities No   Mental Illness (Org./Psy) No   Mental Illness (Other) No   Alcohol & Other Drug Abuse No   Para-, Quadra-, Hemiplegic No   Cancer No   Fractures No   Cardiovascular No   Cerebrovascular No   Diabetes Yes   Respiratory   Other Medical Conditions	No   Primary Diagnosis % No	No   Primary Diagnosis	No   Primary Diagnosis	No   Primary Diagnosis		

Method of Reimbursement

		Medi c	are		Medi c	ai d											
		(Title	18)		(Title	19)		0th	er	Pri	ivate	Pay	I	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Intermediate				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				39	100. 0	\$152.90	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	39	100. 0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0. 0		39	100. 0		0	0. 0		0	0. 0		0	0.0		39	100.0%

BETHESDA CLARA WERNER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	cions, Services, and	d Activities as of 12.	/31/00
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%	As	ssistance of	% Totally	Number of
Private Home/No Home Health	40. 0	Daily Living (ADL)	Independent	0ne	e Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	2. 6		97. 4	0. 0	39
Other Nursing Homes	0.0	Dressi ng	25. 6		74. 4	0. 0	39
Acute Care Hospitals	0.0	Transferring	100. 0		0. 0	0.0	39
Psych. HospMR/DD Facilities	0.0	Toilet Use	53. 8		46. 2	0.0	39
Rehabilitation Hospitals	0.0	Eating	35. 9		64. 1	0.0	39
Other Locations	60. 0	*************	**********	******	*******	*******	******
Total Number of Admissions	5	Continence		%	Special Treatment	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Respi	ratory Care	0. 0
Private Home/No Home Health	16. 7	0cc/Freq. Incontiner	nt of Bladder	43. 6	Recei vi ng Tracl	neostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	nt of Bowel	15. 4	Receiving Sucti	oni ng	0. 0
Other Nursing Homes	0.0	_			Receiving Ostor	ny Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tube	Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mecha	anically Altered Diets	s 43.6
Rehabilitation Hospitals	0.0	]				-	
Other Locations	83. 3	Skin Care			Other Resident Ch	naracteri sti cs	
Deaths	0.0	With Pressure Sores		0.0	Have Advance Di	rectives	0. 0
Total Number of Discharges		With Rashes		17. 9	Medi cati ons		
(Including Deaths)	6				Receiving Psych	noactive Drugs	41.0
**********	*****	*********	**********	******	********	********	******

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	]	FDD	All Facilties		
	Facility	Fac	cilities			
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95. 0	85. 5	1. 11	84. 5	1. 12	
Current Residents from In-County	0. 0	42. 1	0. 00	77. 5	0. 00	
Admissions from In-County, Still Residing	0. 0	19. 5	0.00	21. 5	0. 00	
Admissions/Average Daily Census	13. 2	16. 4	0. 80	124. 3	0. 11	
Discharges/Average Daily Census	15. 8	19. 2	0. 82	126. 1	0. 13	
Discharges To Private Residence/Average Daily Census	2. 6	9. 2	0. 29	49. 9	0. 05	
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0.00	
Residents Aged 65 and Older	2. 6	16. 2	0. 16	87. 7	0. 03	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0. 00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0. 00	33. 3	0. 00	
General Medical Service Residents	0. 0	0. 2	0. 00	18. 4	0. 00	
Impaired ADL (Mean)*	28. 7	50.8	0. 57	49. 4	0. 58	
Psychological Problems	41. 0	45. 9	0. 89	50. 1	0. 82	
Nursing Care Required (Mean)*	7. 7	11. 0	0. 70	7. 2	1. 08	